PATHWAYS TO HEALING SEXUAL TRAUMA: EXPLORING RESILIENCY, SOCIAL CAPITAL AND SYSTEMIC THERAPIES

Janeisha Anderson-LaBranch, LMFT, LCDCI, Doctoral Candidate, Clinical Fellow
Dr. Lila Stephenson, LPC, CST
Defining Trauma

An experience or response that is severely distressful and disturbing that could potentially impact a person’s daily functioning
Statistics

- Every 98 seconds an American is sexually assaulted (RAINN, 2019)
- 50% of Americans experience at least one traumatic event in their lives.
- 1 in 5 men experience sexual violence in their lifetime
- Women are more likely to be diagnosed with PTSD than men
Sexual Trauma

- An umbrella term *used to describe any sexual act that is imposed on another person without their consent* (STACare Center).

- Less stigmatizing

- Refers to one or multiple sexual violations that causes significant distress.
Impact of Sexual Trauma

Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity.
PTSD Diagnostic Criteria Summary

DSM- V

T  Trauma Exposure
R  Re-experiencing
A  Avoidance of reminders
U  Undermined cognition and mood
M  Magnified arousal and reactivity
A  Active symptoms for one month

Oregon Health & Science University
Traumagenic Dynamics Model

Traumatic Sexualization

Child's sexuality is shaped by CSA experience(s). The shaping may have a negative influence on the sexual life of the individual in adulthood, contributing to sexual issues and dysfunctions.

Betrayal

felt through the abuse of the perpetrator and those who did not provide protection

invaded psychologically, emotionally, and physically; trapped and helpless

Powerlessness

Self-perception of being bad, guilty, responsible for the abuse

Stigmatization

Finklelor & Browne, 1998
Systemic Impact

- Occupationally
- Socially
- Spiritually
- Cognitively
Sexual Trauma Implications

- ↓ cognitive abilities (verbal IQ, problem solving)
- ↓ age at first voluntary intercourse
- ↑ depression
- ↑ PTSD symptoms
- ↑ increase in pathological dissociation
- ↑ persisting PTSD Sx
- ↓ social competence
- ↓ academic performance
- ↑ school avoidance
- ↑ depression
- ↑ dissociation
- ↑ sexual behavior problems
- ↑ cortisol dysregulation (free cortisol levels)

- ↑ Antinuclear antibody levels
- ↑ Urinary Catecholamines
- ↓ family cohesion
- ↑ depressed mothers
- ↑ rapes or sexual assaults (2X)
- ↑ domestic violence (1.6X)
- ↑ self-harm / suicidality (4X)
- ↑ lifetime traumas
- ↑ Body Mass Index (BMI)
- ↓ overall physical health
  (including ↑ GI problems)
- ↑ healthcare utilization
- ↑ sleep disturbances
- ↑ sexual distress

- ↑ overall physical health (including ↑ GI problems)
“I'm right there in the room, and no one even acknowledges me.”

The New Yorker, 9/18/06
Importance of Addressing Sexual Trauma

- Sexuality is a central part of one’s being and a romantic relationship
- Sex in marriage is paradoxical
- A Pathway to Deeper Change and Wellness
The therapist determines the dialogue.

Therapist must be aware of personal sex beliefs. Therapist should be at peace with their sexuality.

Therapist must possess character and sexual integrity.
Assessment & Evaluation

Dialogue

Educate

Coach

Refer
Evaluation

Sexual History
Individual Questions
Questions for the couple
Assess Relational Issues
Assess Traumatic Events
Individual/Conjoint

Penner & Penner, (2000). Counseling for Sexual Disorders,
“leaning on loved ones is the best way to get back to healing”
Overcoming Trauma

- (re-)establishing community
- Effective action
- Dealing with affect regulation
- Accessing the emotional brain - knowing one’s self
- Processing traumatic memories
- Re-wiring neural circuits (neurofeedback)
Evidence-Based Treatments & Family Therapy

**Do**
- Meet with victim and address potential questions
- Consider the family’s cultural views regarding sex and appropriate touch
- Assess for risks and empathy in parents

**Don’t**
- Assume
- Force victim to engage in therapy
- Blame the parent
Evidence-Based Treatments

- Eye Movement Desensitization & Reprocessing
- Cognitive Behavioral Therapy

*The work of the therapist is to create a space for people to do their own work. Not a place to show their intelligence. Give the client space to figure it out.*—Bessel Van der Kolk
Evidence-Based Treatments

Phase 1: Safety & Stabilization

Phase 2: Reflection on trauma narratives

Phase 3: Consolidation of new perspective
Evidence-Based Treatments

- Assessment
  - Identify Destructive Relationship Patterns
- Eliminate Sexual Anxiety
- Understanding Sexual Cognition & Schemas

- Sexual Retraining
- Building Trust/Safe Place
  - Effective Communication
  - Cultivating Deeper intimacy through Empathy
- Sensate Focus
- Embracing Pleasure/Not Sexual Performance
Evidence-Based Treatments

- Group promotes bring about change.
- Re-establish community.
- Shared common problems/experiences
- Acquire new skills in safe environment.
- Broader perspective
- Opportunity for self-exploration and introspection
Eric is a 10 year old male who is currently in fifth grade. He lives with his twin brother Erin, mother Ashley, and father Ethan. One day when coming home from school Eric and his mother decided to work on school work together. Eric usually likes to eat a snack while he attends to school work. Today, Eric mother told Eric that he could not have a cookie as a snack but instead had to eat an apple. Eric decided to walk toward the cookies and his mother attempted to prevent him from grabbing the cookies by standing in front of the cookie jar. Eric became upset and tried to physically fight his mother. The mother attempted to discipline him with her wood flip flop and reportedly accidently hit Eric in the eye which caused a black eye. CPS was called and treatment was mandated. While in treatment Eric reported that his parents argues a lot and his dad often “takes it out on the family”.

Case Studies
Candace - a 50 year old, twice divorced professional with a 15 year old daughter from her second marriage entered therapy while engaged to the man who would become her third husband. She shared she was anxious and persistently mistrusting, especially when her fiancé communicated in form of disappointment with her or in any way critical of her. She feared he would leave or mistreat her. Candace experienced physical and emotional abuse in her past marriages. As therapy progressed she revealed that her father was an alcoholic and had been abusive to her mother. Candace’s father also sexually abused her.
Resources


Meichenbaum, D., (n.d). Trauma, spirituality and recovery: Toward a spiritually-integrated psychotherapy. 3-39


contactus@discoveringblisscounseling.com
discoveringblissorg@gmail.com
www.discoveringblisscounseling.com

lila@wholesomeintimacy.com
www.wholesomeintimacy.com